

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dr.

John W Agnew		Snow Hill Worcester			MARYLAND		
Died at	Town	County					
Date of death 190	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	48	9			
Occupation	Painter & paper hanger			Where Residing if not at place of death	Snow Hill		
Married, Single or Widowed	Name of Wife or	Carrie D Agnew			Father's Birthplace		
Father's Name	John Agnew			Mother's Birthplace			
Mother's Maiden Name	Sarah Agnew			How related to deceased			
Name of person giving information	Edward Agnew			Brother			

CAUSES OF DEATH

Primary	Mastoiditis	(146)	How long	3 mos.
Immediate	Meningitis		How long	1 wk.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address	W. D. Strangham Snow Hill, Md.

Accident or Suicide?



Name
in
Full

William Bunting

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Bethelsville</u>		Town	County <u>Worcester</u>	MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>29th</u>	Years <u>35</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Occupation <u>R.F.D.</u>	Where Residing if not at place of death <u>At home</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sylvie Bishop</u>	Father's Birthplace <u>Maryland</u>			
Father's Name <u>J.W. Bunting</u>	Mother's Birthplace <u>Del.</u>				
Mother's Maiden Name <u>Jessie Long</u>	How related to deceased				
Name of person giving information <u>Wynona Watson</u>					

CAUSES OF DEATH

Primary

Bronchitis

(1)

How long

6 months

Immediate

"
yes

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P. Collins
Bethelsville
Md

Accident or Suicide?



Name
in
Full

Ethel B Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND						
Ocean city			Worcester								
Date of death	1906	Month	7	Day	28	Years	18	Months	6	Days	25
Sex	Female		Color or Race		white		Birth-place	Pittsville Md			
Occupation	School teacher		Where Residing if not at place of death		Pittsville		" "				
Married, Single or Widowed	Single		Name of Wife or Husband		Conington Campbell		Father's Birthplace	Pittsville			
Father's Name							Mother's Birthplace				
Mother's Maiden Name	E W Campbell						" "				
Name of person giving information							How related to deceased				

CAUSES OF DEATH

179

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Heart failure

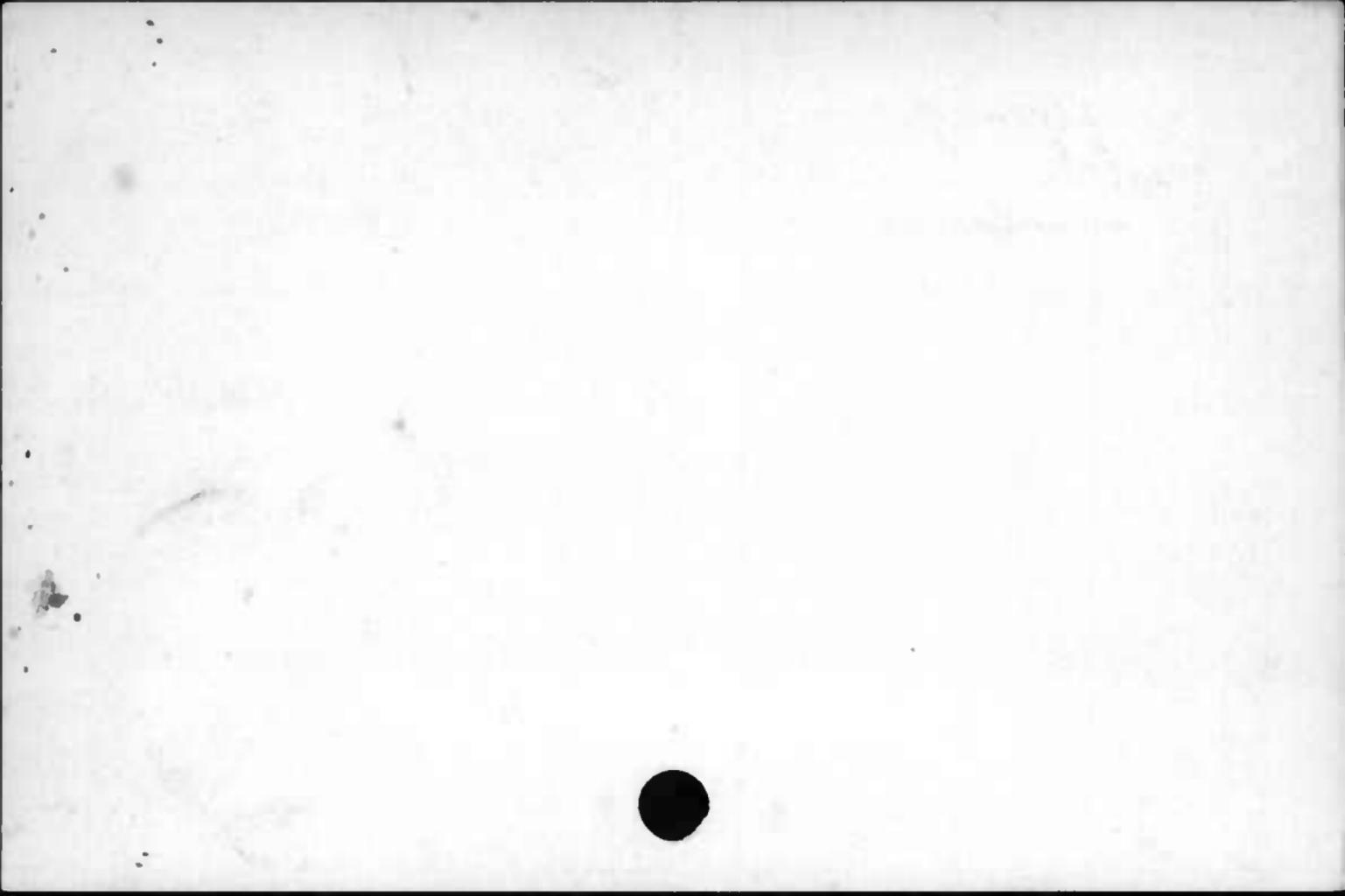
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

g. B Baggett Md
Ocean city
Maryland

Accident or Suicide?



Name
in
Full

Ludy, C. Coop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Died at Grandview		Worchester		Months	Days
Date of death	1906	Month 7	Day 24	Years 36	
Sex	Male	Color or Race	White	Birth-place	Pa
Occupation	Salesman	Where Residing if not at place of death			Phila Pa
Married, Single or Widowed	Married	Name of Wife or Husband	Maggie Davis		
Father's Name	Harry Coop			Father's Birthplace	Pa
Mother's Maiden Name	Malvina			Mother's Birthplace	
Name of person giving information	Miss E. D. Davis			How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis

(72)

How long

2 yrs

Immediate

Uremia

How long

1. weeks

Are the name, age, sex, color, date and place correctly given above?

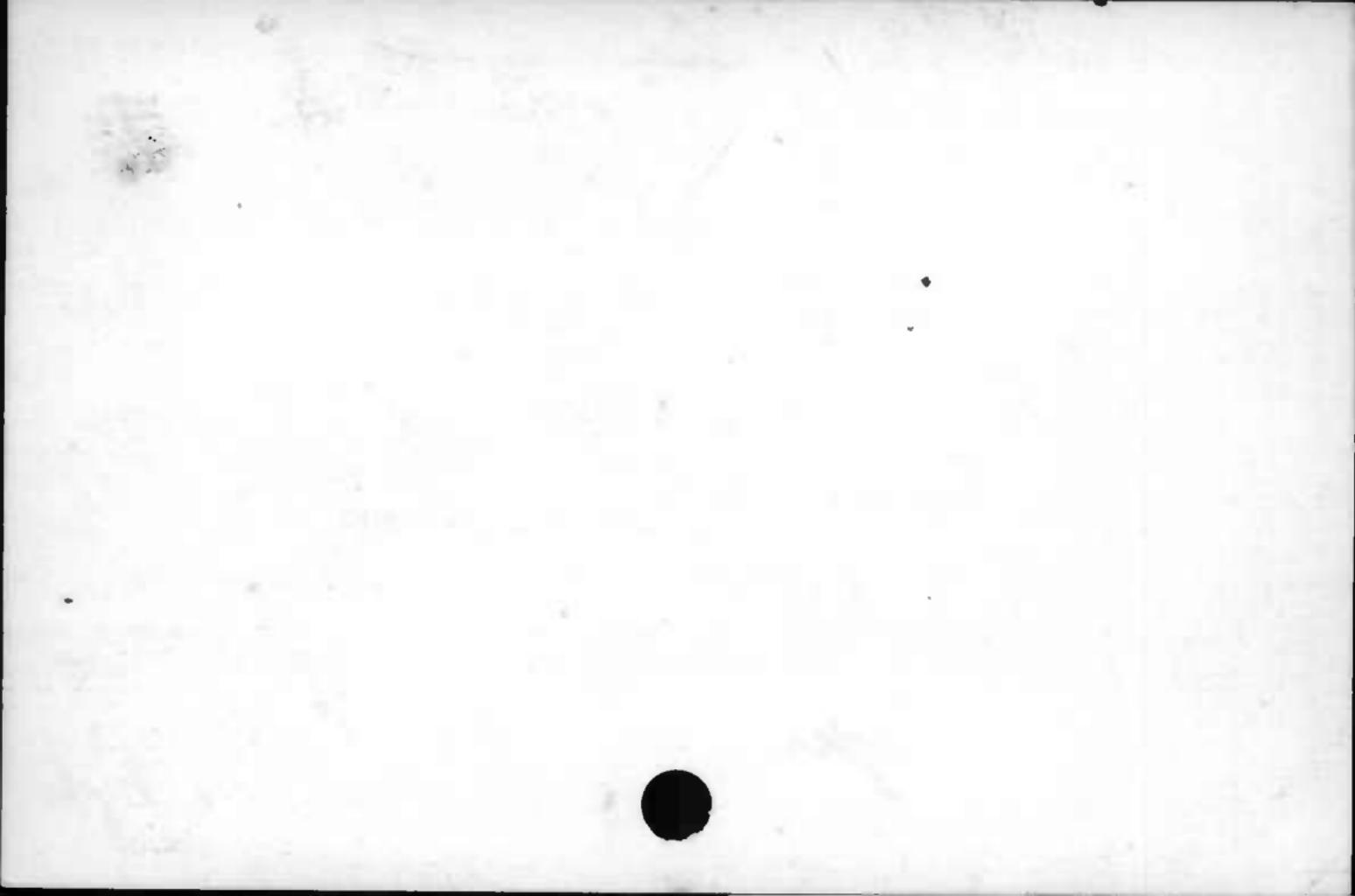
Yes

Signature of Physician

Address

Cudrickson
Berlin
Md

Accident or Suicide?



Name
in
Full

Mrs Sadie Cooper

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	At home				
Father's Name	Granville Cooper			Father's Birthplace	Delaware	
Mother's Maiden Name				Mother's Birthplace	Del	
Name of person giving information				How related to deceased	None	

1906 July 15 27

Female White

House-Worker

At home

Married March

J. B. Phillips

George J. Phillips

Daymette Watson

CAUSES OF DEATH

Primary

Consumption

(21)

How long

4 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

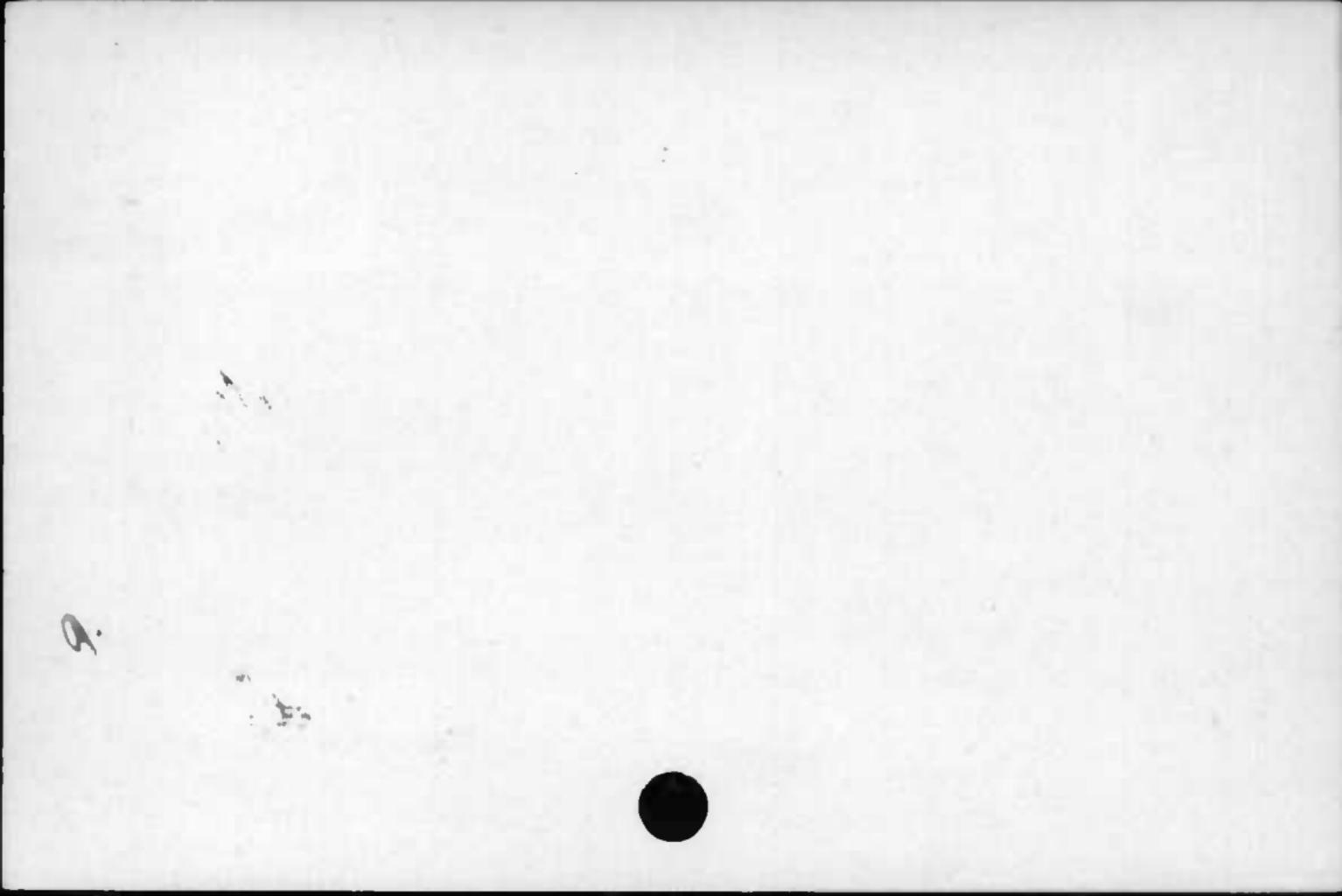
Signature of Physician

Address

R P Collin
Baltimore Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Isaac Fisher

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Petes Creek	Worcester				
Date of death	1906	Month	Day	Years	Months	Days
	July		12	Age 96		
Sex	Male	Color or Race	colored		Birth-place	Worcester Co
Occupation	farmer	Where Residing if not at place of death		Petes Creek		
Married, Single or Widowed	widower	Name of Wife or Husband	—		Father's Birthplace	—
Father's Name	don't know	—		Mother's Birthplace		
Mother's Maiden Name	" "	—		How related to deceased		
Name of person giving information	Wm Fisher	—		Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apoplectic Paralysis

(dt)

How long

on day

Immediate

Samuel J. Gunn
Physician
Baltimore City
MD

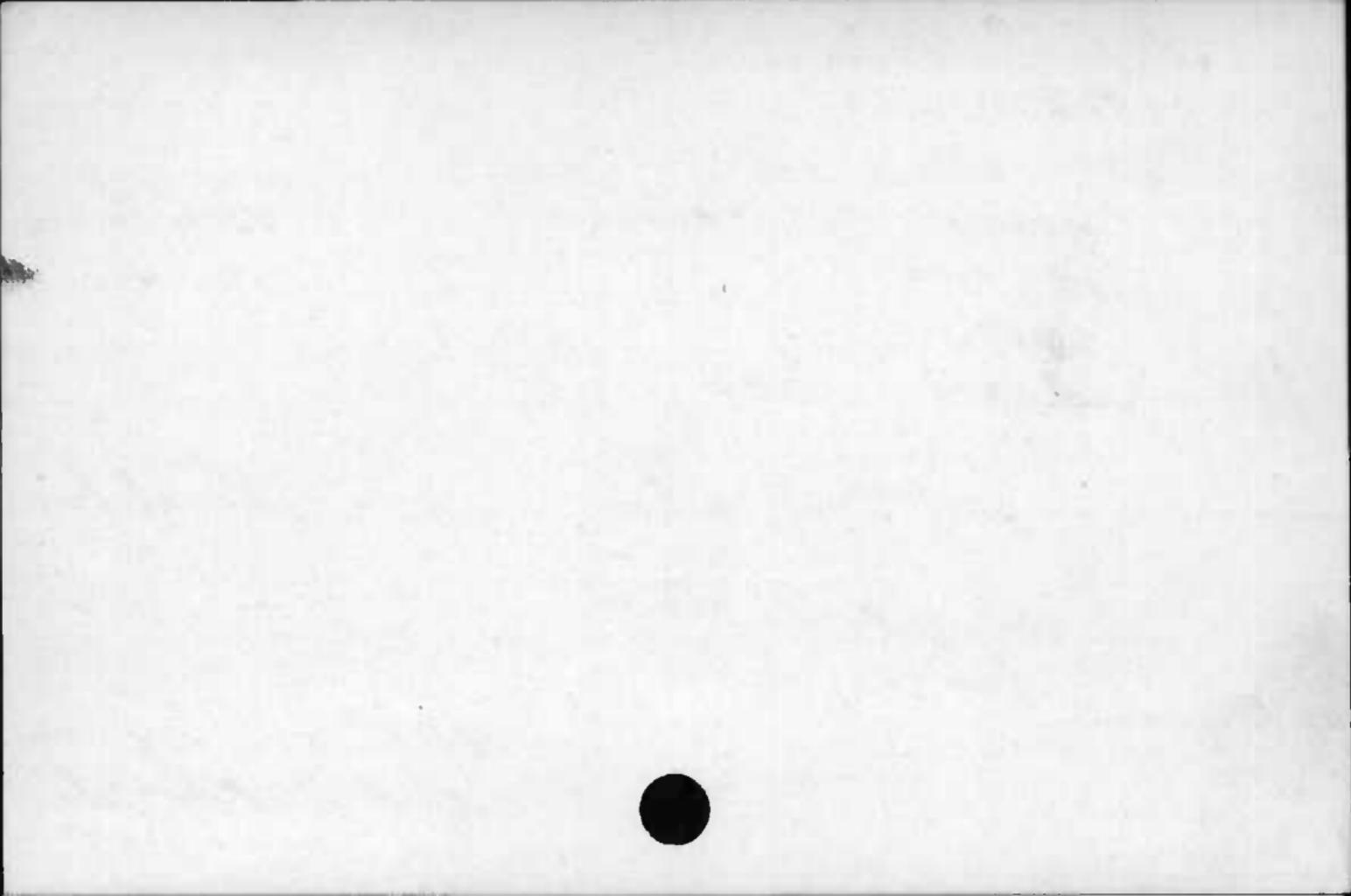
Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide?



Name
In
Full

Mary Fields

CERTIFICATE OF DEATH

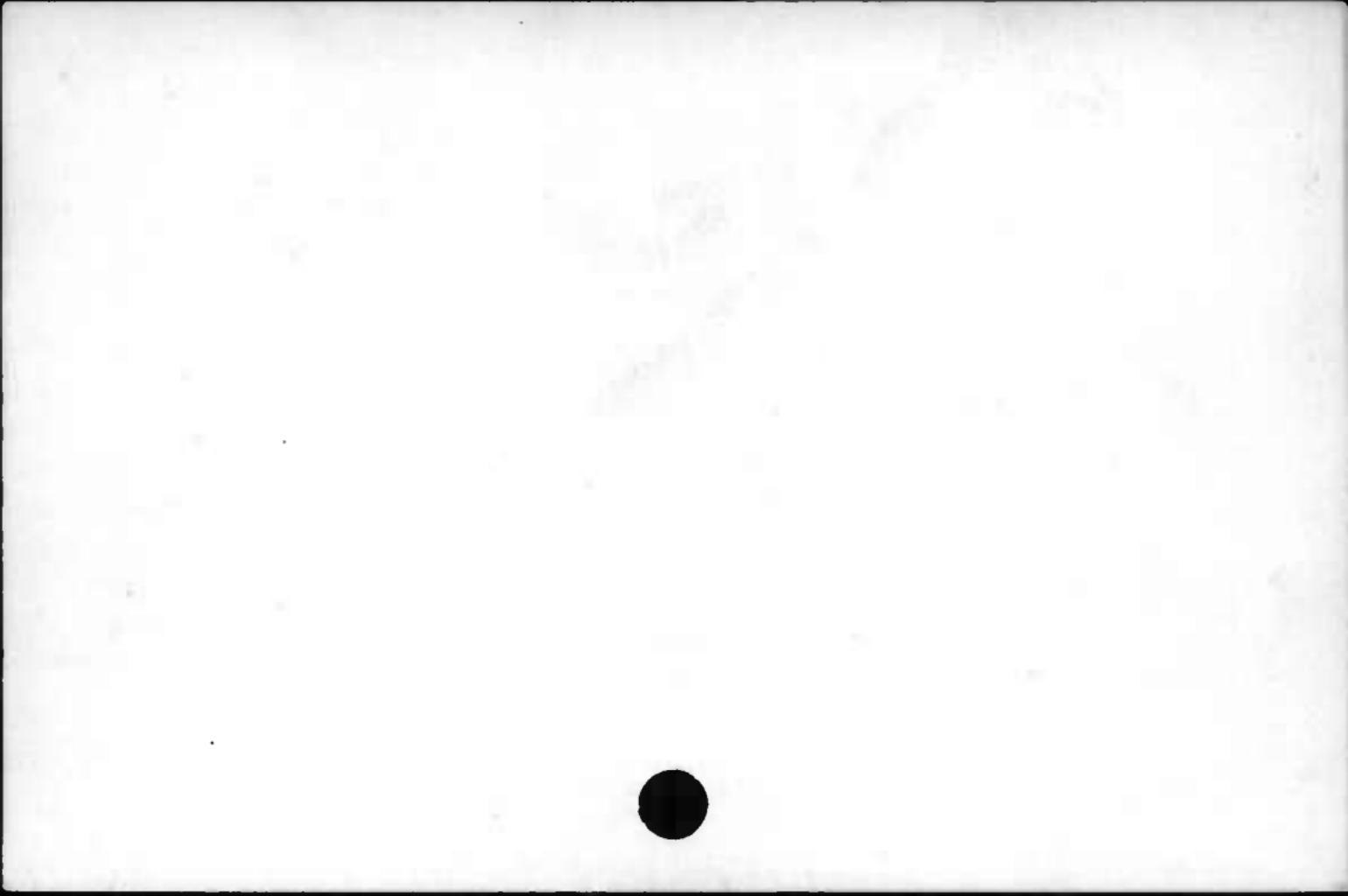
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Patomac city	Maryland	Months	Days	
Date of death	1906	Month	July	Day	2
Age		Years		Months	1
Sex	Female	Color or Race	Colored	Birth-place	Patowmack city
Occupation	Infant	Where Residing if not at place of death			"
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Isaac Fields	Father's Birthplace	"	"	"
Mother's Maiden Name	Amanda James	Mother's Birthplace	"	"	"
Name of person giving information	George James	How related to deceased	Aunt		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria		How long	all its life
Immediate	Enteritis		How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address	Samuel Johnson Patomac city Md
Accident or Suicide?				



Name
in
Full

Mary Grace Haudock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Color or Race		White		Birth-place	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Edward F. Haudock			
Father's Name	Peter Pruitt					
Mother's Maiden Name	Mary Grace Payne					
Name of person giving information	E. F. Haudock					

CAUSES OF DEATH

Primary

Prolonged Child birth

How long

4 Days

Immediate

Puerperal Sepsis

How long

4 Days

PHYSICIAN
OR CORONER

Signature of
Physician

Address

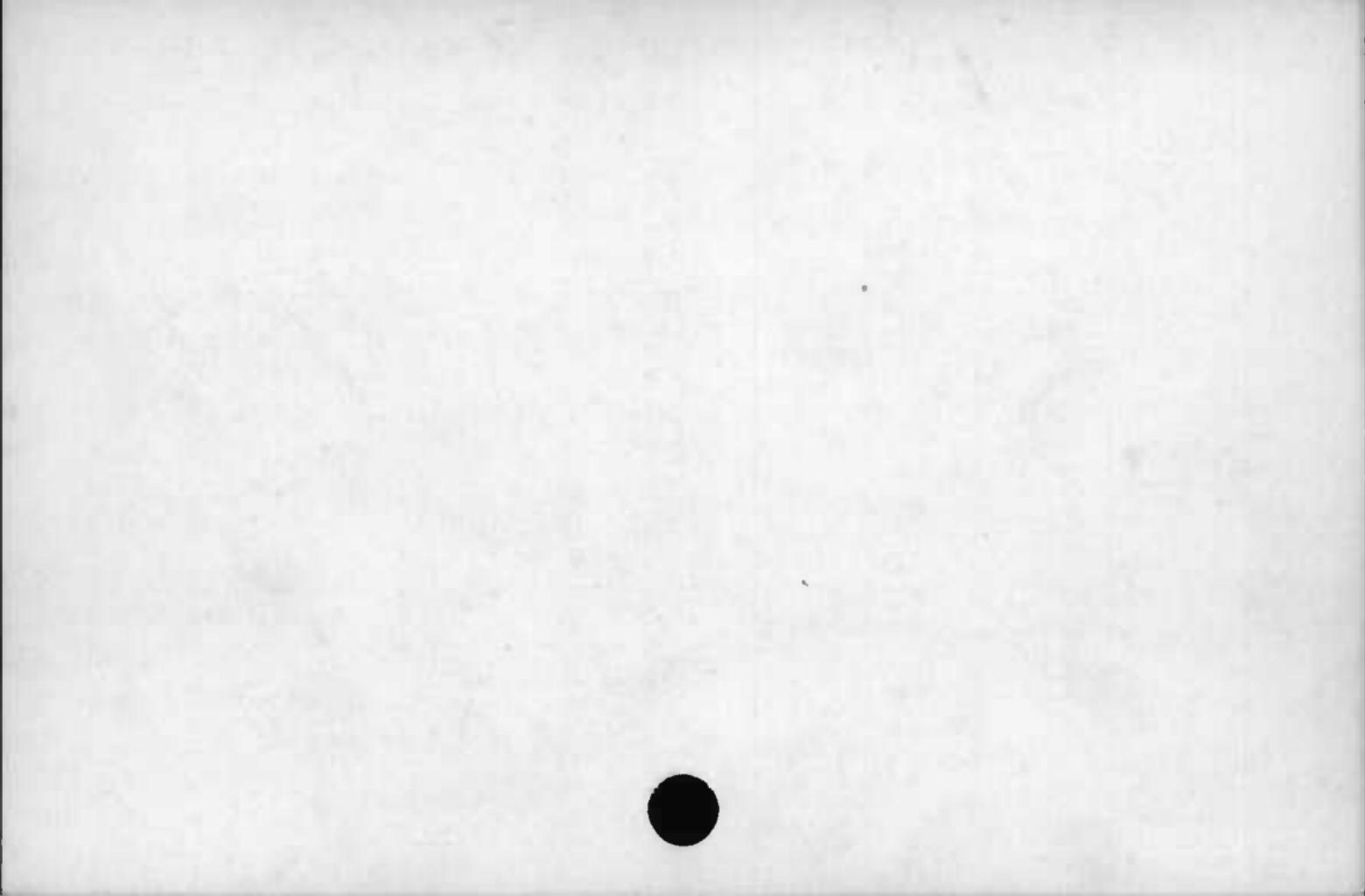
J. Lee Hall
Pocahontas City, Mo.

Are the name, age, sex, color, date

and place correctly given above?

No physician during labor

Accident or Suicide?



Name
in
Full

Adeline Hastings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Richard Hastings			
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information						How related to deceased

Married, Single or Widowed Widow

Name of Wife or Husband Richard Hastings

Father's Name

Mother's Maiden Name

Name of person giving information Thos Cufsey

How related to deceased Son

CAUSES OF DEATH

Primary

Smile decay

154

How long

about one month

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. B. Baggett M.D.

Address

Ocean City,
Maryland.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town

No. Name

Deales

MARYLAND

Date
of death

1906

Month

Day

Years

Months

Days

July

2

—

2

Sex

Male

Color or
Race

white

Birth-
place

Snow Hill

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Capt Fred Deales

Father's
Birthplace

Snow Hill

Mother's
Maiden Name

Emma Richardson

Mother's
Birthplace

Snow Hill

Name of person giving
Information

Mrs Fred Deales

How related
to deceased

Mother

CAUSES OF DEATH

(28)

Primary

How long

Immediate

Tubercular Meningitis

1 mo.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

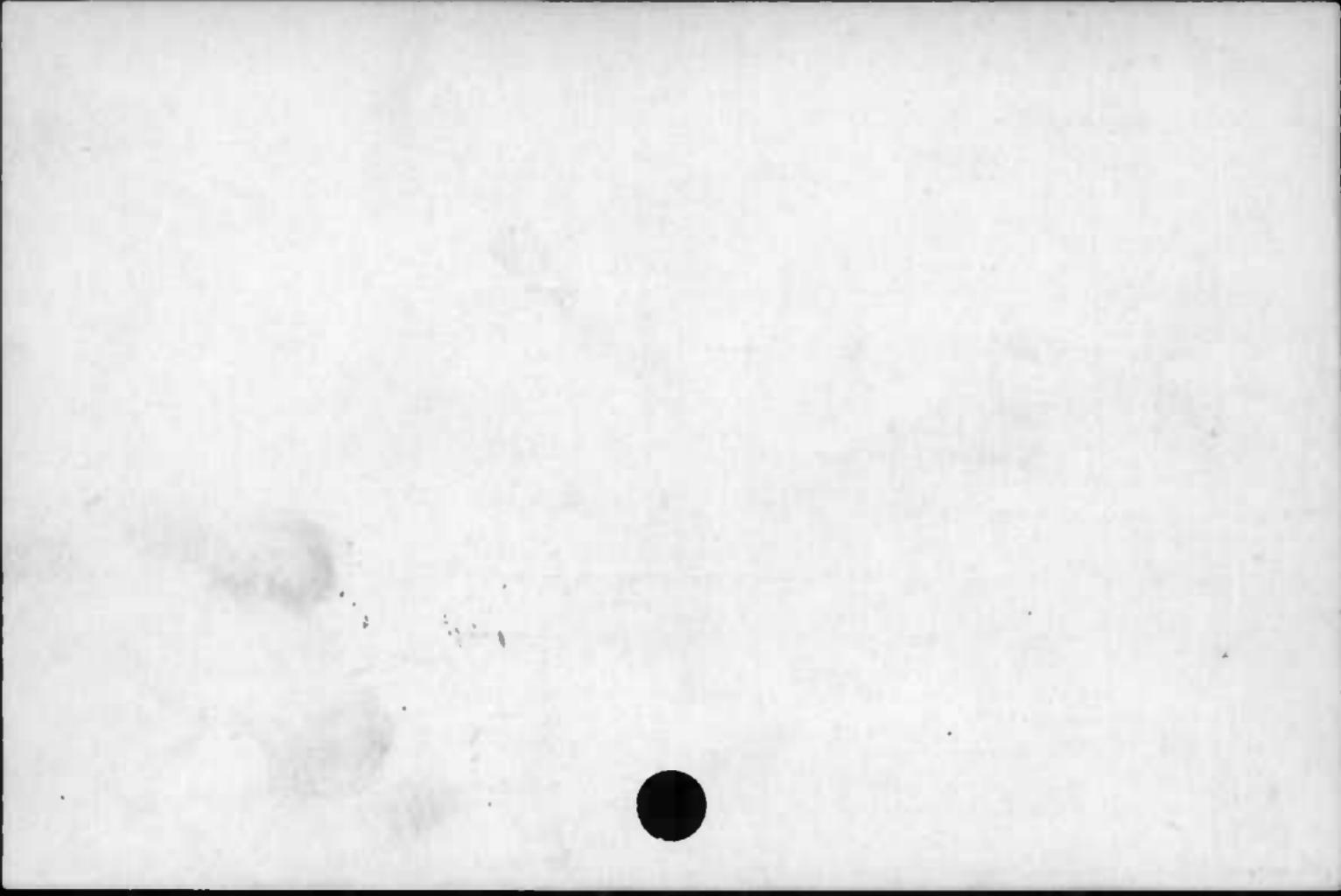
W.D. Strange

Address

Snow Hill, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Charlotte Henry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Black				
Occupation	None						
Married, Single or Widowed	Widowed	Name of Wife or Husband	Geo Henry				
Father's Name							
Mother's Maiden Name							
Name of person giving information	John Duckhorn						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

154

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Had none

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1906	Month 7	Day 14	Years —	Months 4	Days
Sex	Male	Color or Race	Age	Birth- place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John S. Hile				
Mother's Maiden Name	Nannie P. Hasher				
Name of person giving Information	John S. Hile				

CAUSES OF DEATH

Primary

Suicide 105 How long
Cholerodystentum 4 weeks
How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. Dickenson
Stockton Md
Wicato Co

Accident or Suicide?



Name
in
Full

Lervnia Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	190	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age			
Occupation	Infant	Where Residing if not at place of death				
Married, Single or Widowed	—	Name of Wife or Husband	—			
Father's Name	Isaac Foster			Father's Birthplace	Newark	
Mother's Maiden Name	Lervnia Holland			Mother's Birthplace	Newark	
Name of person giving information	Isaac Holland			How related to deceased	Grand Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

cholera infantum 105 a month

How long

How long

Immediate

collapse

Are the name, age, sex, color, date and place correctly given above?

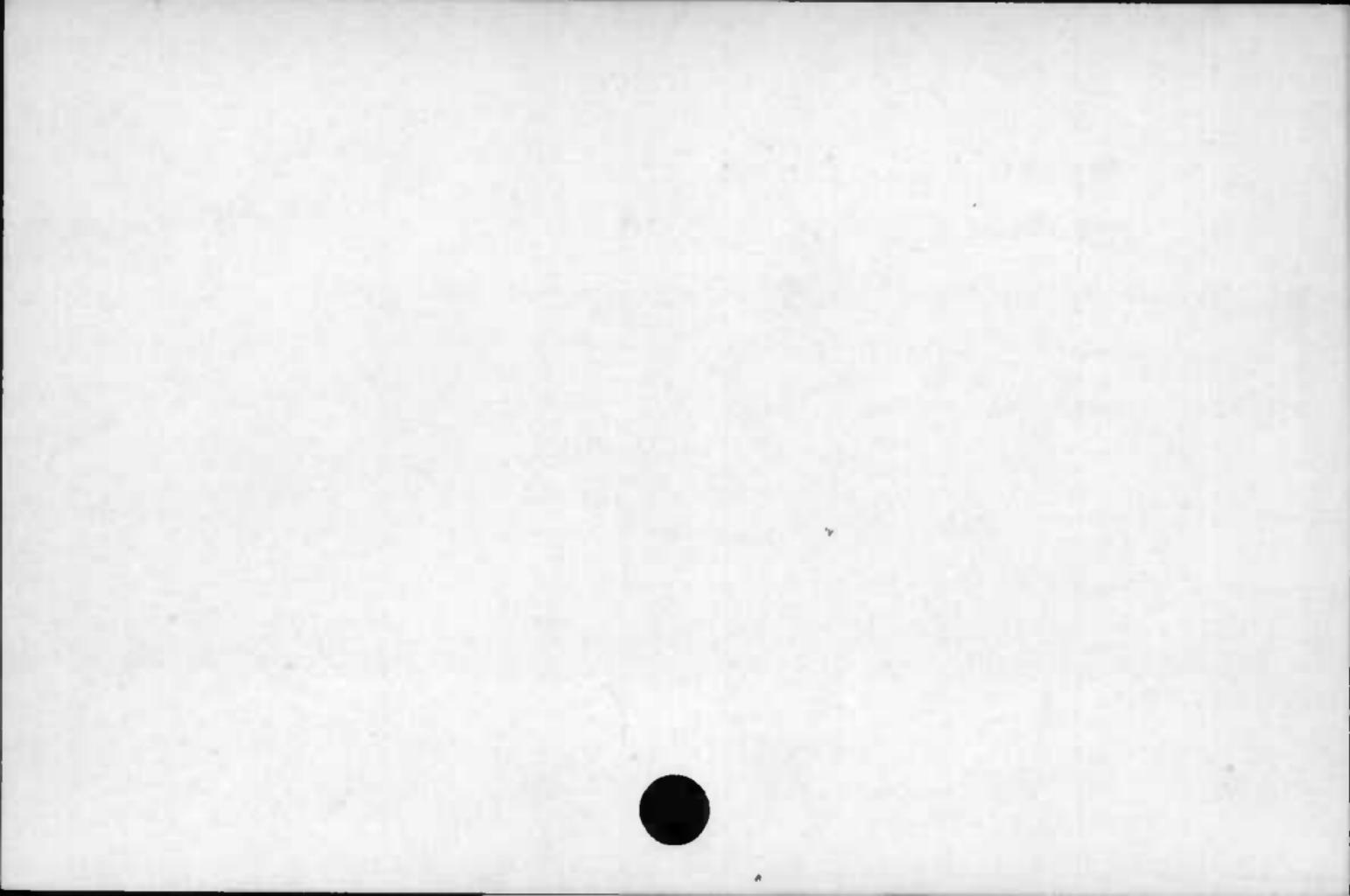
Yes

Signature of Physician

Address

Sam'l S Green
Postomatology, Jr

Accident or Suicide?



Name
in
Full

Barrie Victoria Huttle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month July	Day 28	Years	Months	Days 15
Sex	Female	Color or Race	colored		Birth-place	Snow Hill Md
Occupation			Where Residing if not at place of death Snow Hill Md			
Married, Single or Widowed		Single	Name of Wife or Husband		Father's Birthplace	Snow Hill
Father's Name		John Johnson		Mother's Birthplace	Snow Hill	
Mother's Maiden Name		Barthia Huttle		How related to deceased	Mother	
Name of person giving information		Barthia Huttle				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Faulty nutrition

Immediate Marasmus

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

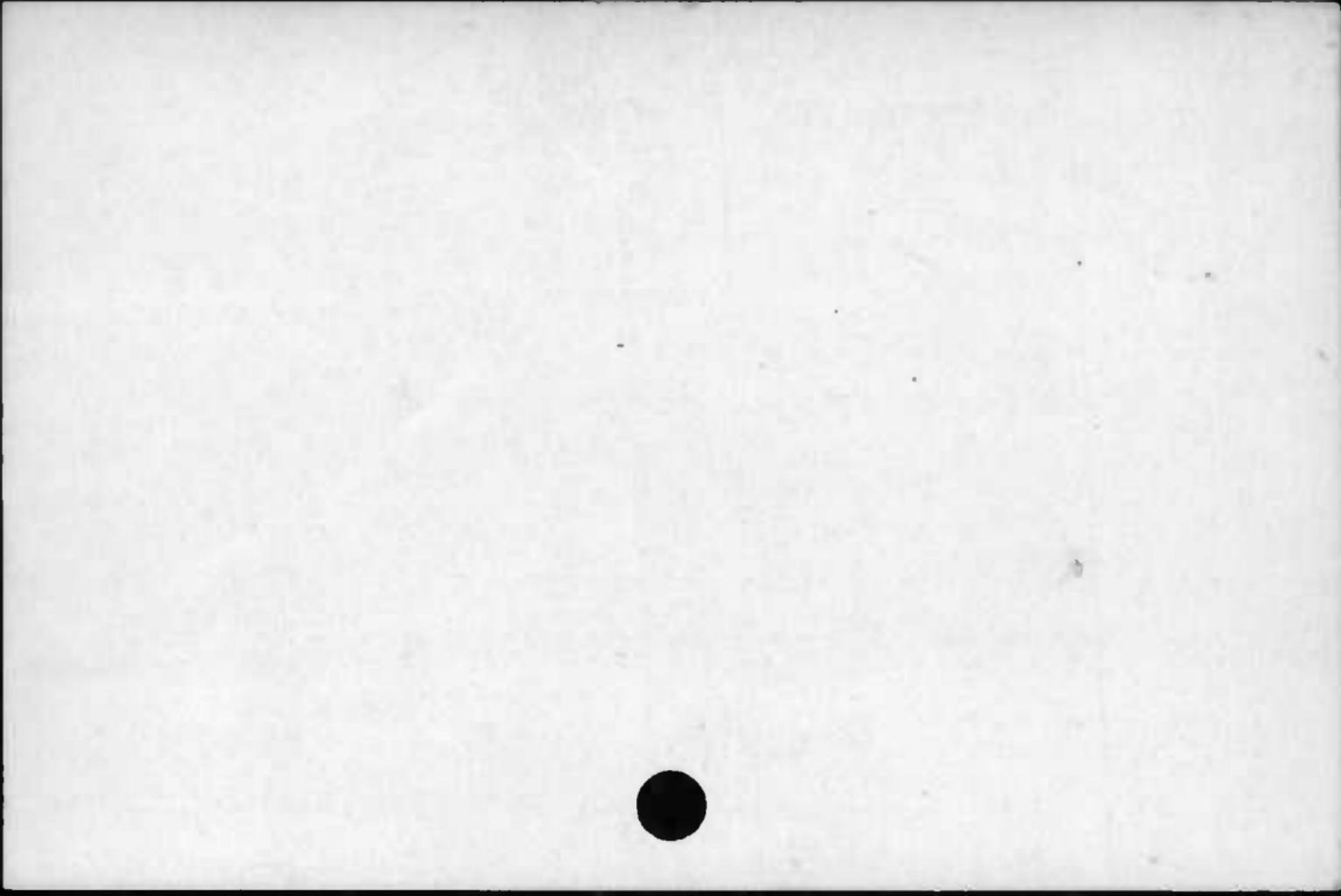
Address

John L. Riley

Snow Hill

Md.

Accident or Suicide?



Name
in
Full

Ereid V. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1906	Month	Day	Years	Months	Days	
Female	Color or Race	Age	Birth- place			
Married, Single or Widowed	Occupation			Taylerville		
Name of Wife or Husband						
Father's Name	Mrs Jones of Tadlock			Father's Birthplace	Taylerville	
Mother's Maiden Name	Carrie Minnie			Mother's Birthplace		
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enteric Gastro

105

How long

Gastritis

Immediate

" "

How long

Are the name, age, sex, color, date
and place correctly given above?

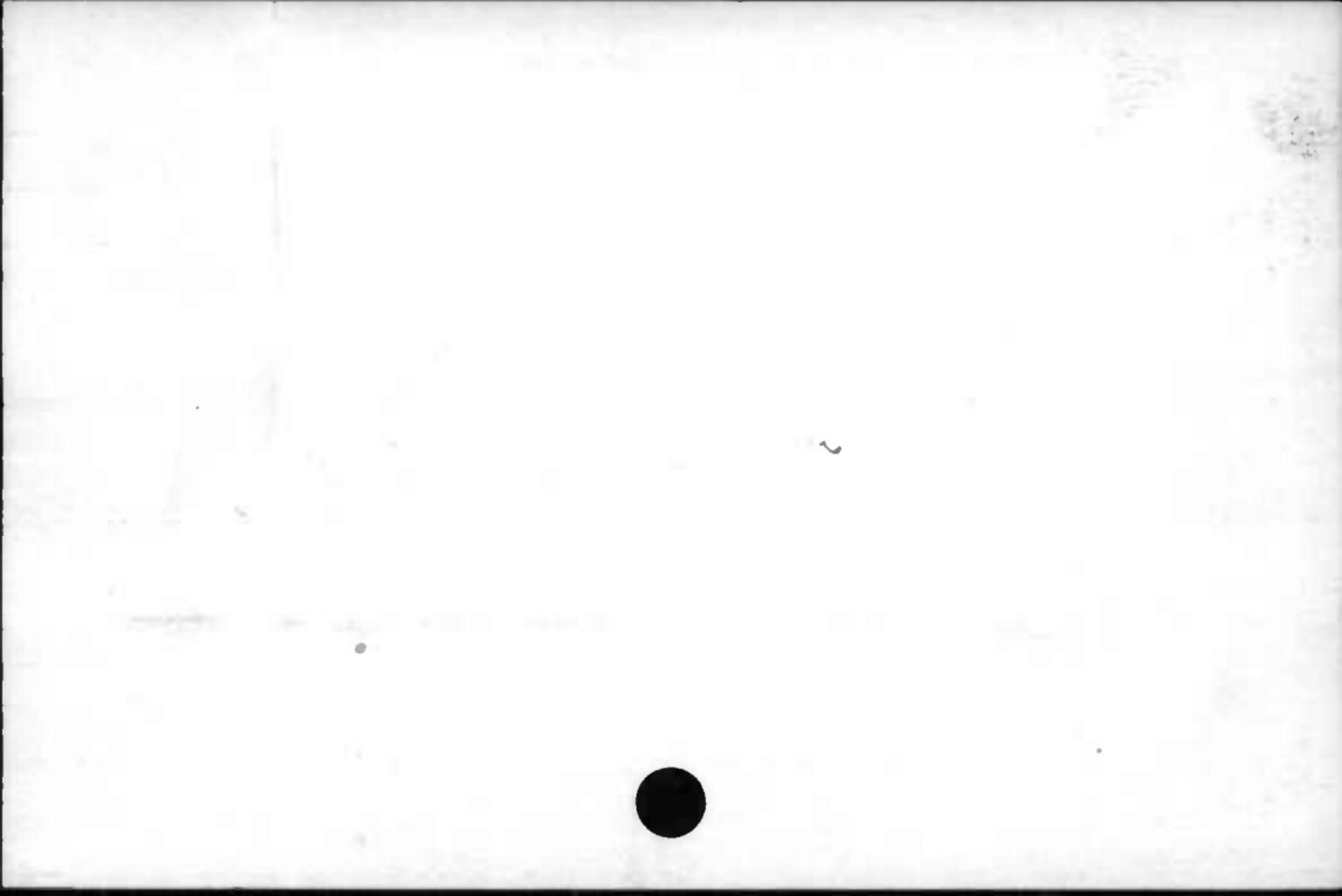
Yes

Signature of
Physician

Address

Dr. Gellius
Bishopville D.M.

Accident or Suicide?



Mary T. Lindsay							CERTIFICATE OF DEATH		
Died at		Town Stockton	County Worcester Co.		MARYLAND				
Date of death	Month 1906 July	Day 27	Years Age 65		Months 45-	Days 8			
Sex woman	Color or Race white		Where Residing if not at place of death Stockton		Worcester Co. museum				
Occupation									
Married, Single or Widowed	Married		Name of Wife or Husband Mrs. S. Lindsay						
Father's Name	Josiah Collins				Worcester Co.				
Mother's Maiden Name	Mary A. S. Collins				Worcester Co.				
Name of person giving Information	L. Grace Grunwold				How related to deceased grand son				

CAUSES OF DEATH

Primary

Cancer of Liver

40

How long

6 Minutes

Immediate

Exhaustion

How long
4 daysAre the name, age, sex, color, date
and place correctly given above?

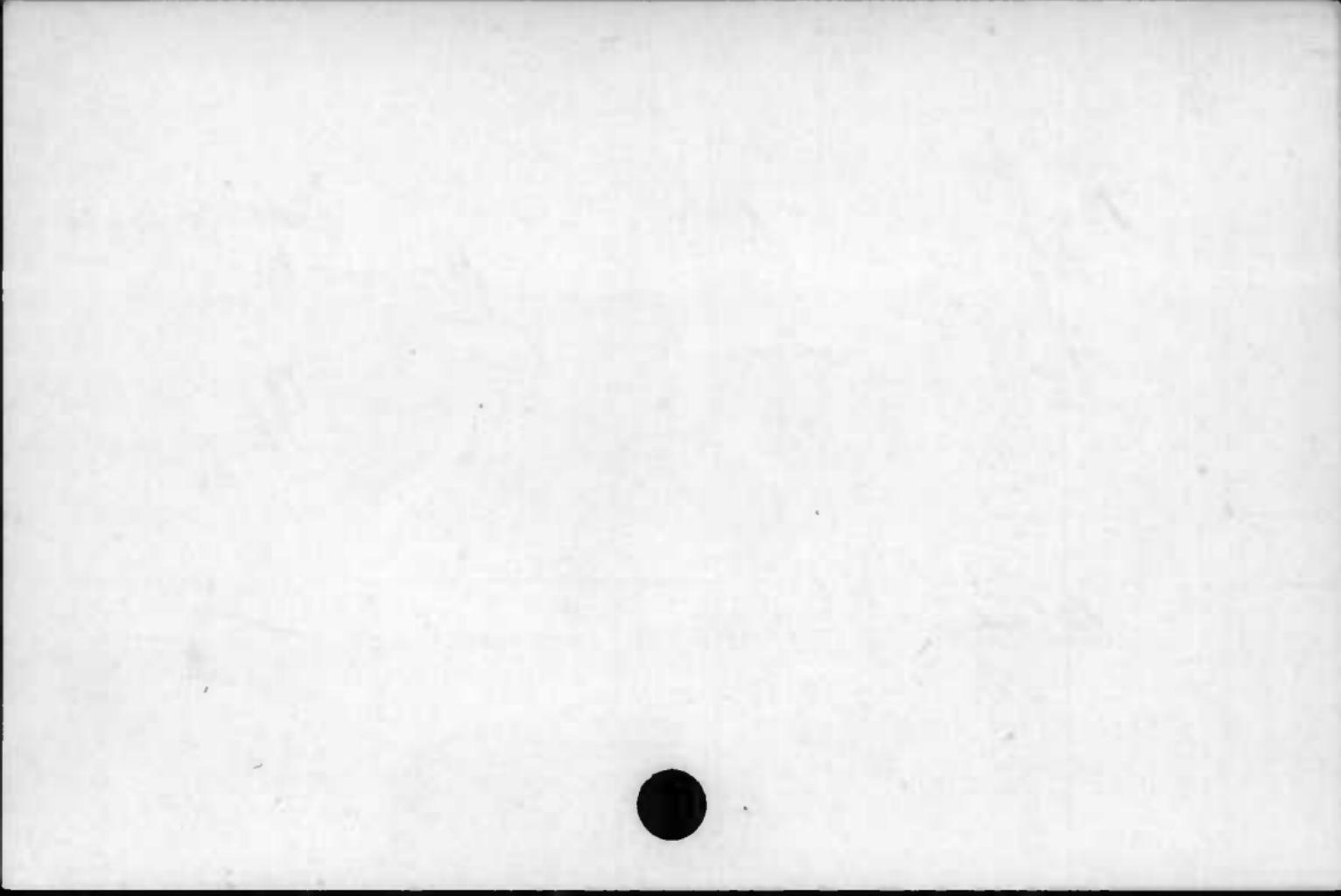
Yes

Signature of
Physician

Address

Dr. Dickinson
Stockton Md.
Worcester Co.

Accident or Suicide?



Name
in
Full

Unnaed Miles

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1906	Month July	Day 1	Years	Months	Days
Sex	Boy	Color or Race	Black	Birth-place	Worcester Co.	
Occupation	None	Where Residing if not at place of death Pocomoke City -				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Joseph Miles		Father's Birthplace	Worcester Co.		
Mother's Maiden Name	Marie Marshall		Mother's Birthplace	Worcester Co.		
Name of person giving information	Sabra Bailey		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Slice Burn

How long

Immediate

○

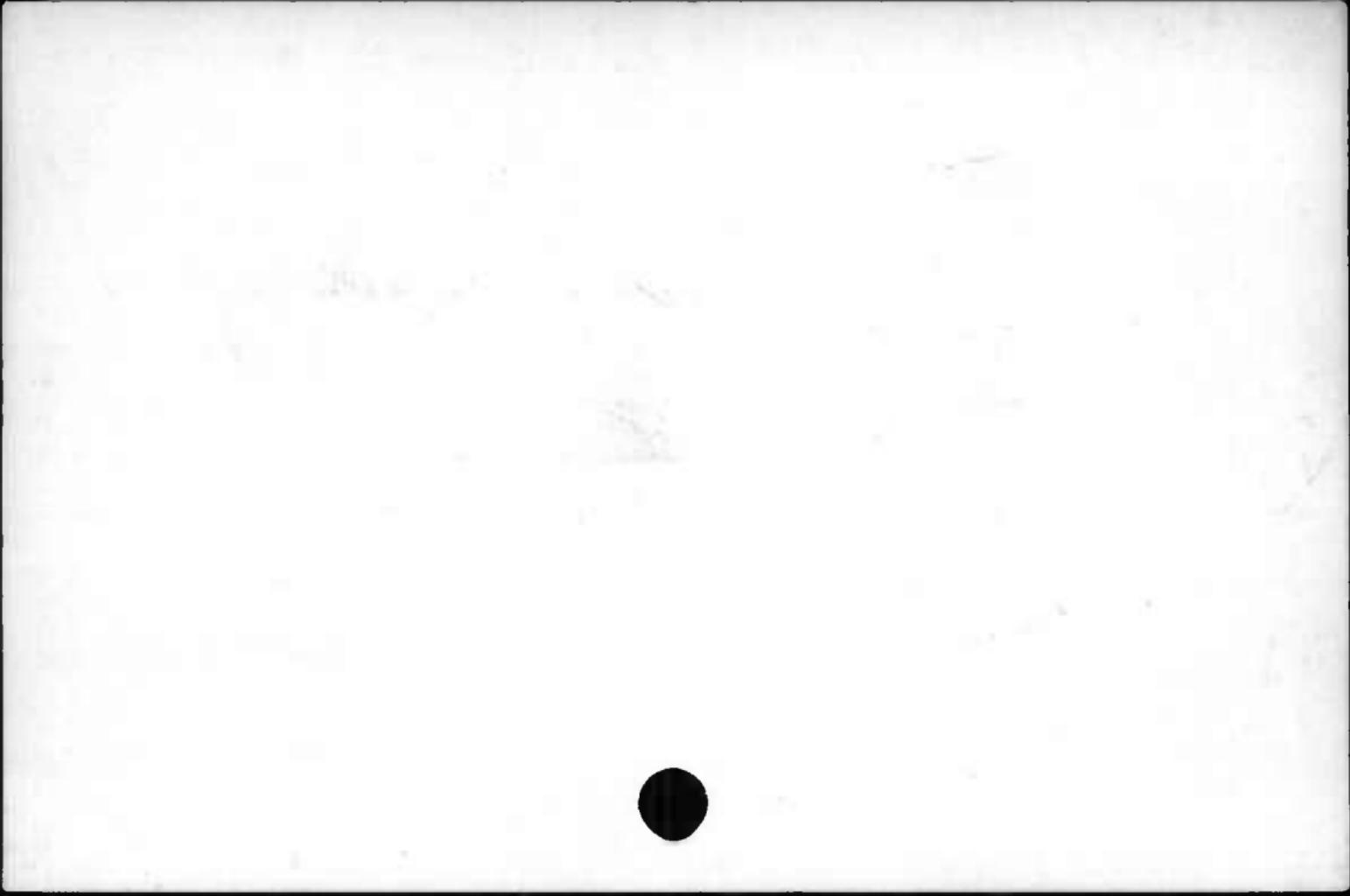
How long

Are the name, age, sex, color, date and place correctly given above?

Yes
Signature of Physician

Address

Accident or Suicide?



Name
In
Full

Robt. H. Pollitt

CERTIFICATE OF DEATH

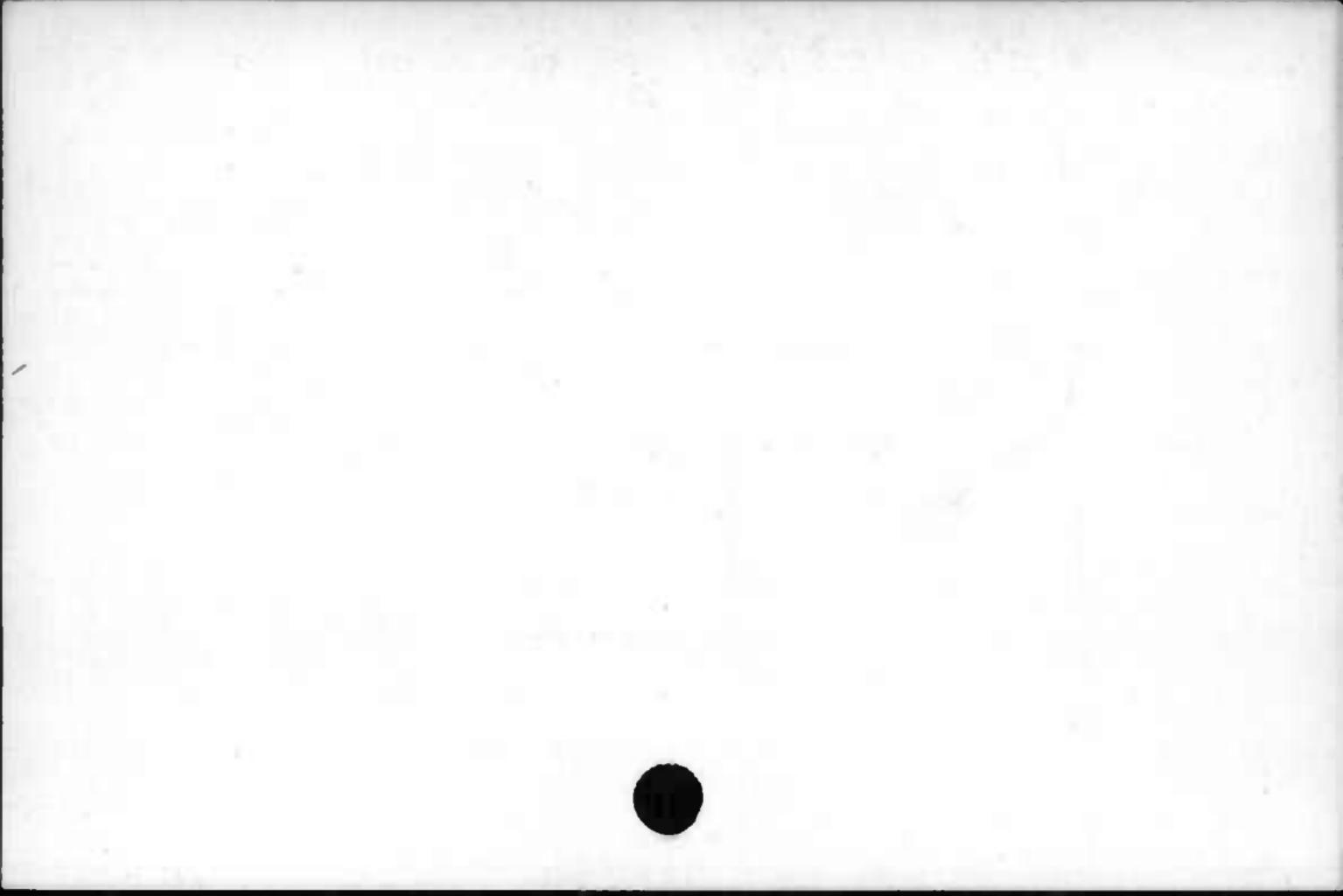
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brown Hill</u>		County <u>Worcester</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>28</u>	Years <u>—</u>	Months <u>4</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Brown Hill</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>✓</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Carroll Pollitt</u>	Father's Birthplace <u>Brown Hill</u>				
Mother's Maiden Name <u>Rishonow</u>	Mother's Birthplace <u>Brown Hill</u>				
Name of person giving information <u>Carroll Pollitt</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

(19)

PHYSICIAN OR CORONER	Primary	How long <u>—</u>
	Immediate <u>Marsasmus</u>	How long <u>4 mrs.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. D. Springm</u>
		Address <u>Brown Hill Md</u>
Accident or Suicide? <u>—</u>		



Name
in
Full

Mary Purcell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	July	22	Age 108	—	—
Sex	Color or Race	Where Residing if not at place of death	Snow Hill Md		
Female	colored	Snow Hill	Snow Hill Md		
Occupation					
Married, Single or Widowed	Name of Wife or Husband	Joseph L. Purcell			
Married	Joseph L. Purcell				
Father's Name	Snow Hill				
John H. Purcell					
Mother's Maiden Name	Snow Hill				
Bethany Dennis					
Name of person giving information	Son				
James H. Purcell					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

154

How long
Twenty four month

Immediate

Heart failure

How long
Four weeks

Are the name, age, sex, color, date and place correctly given above?

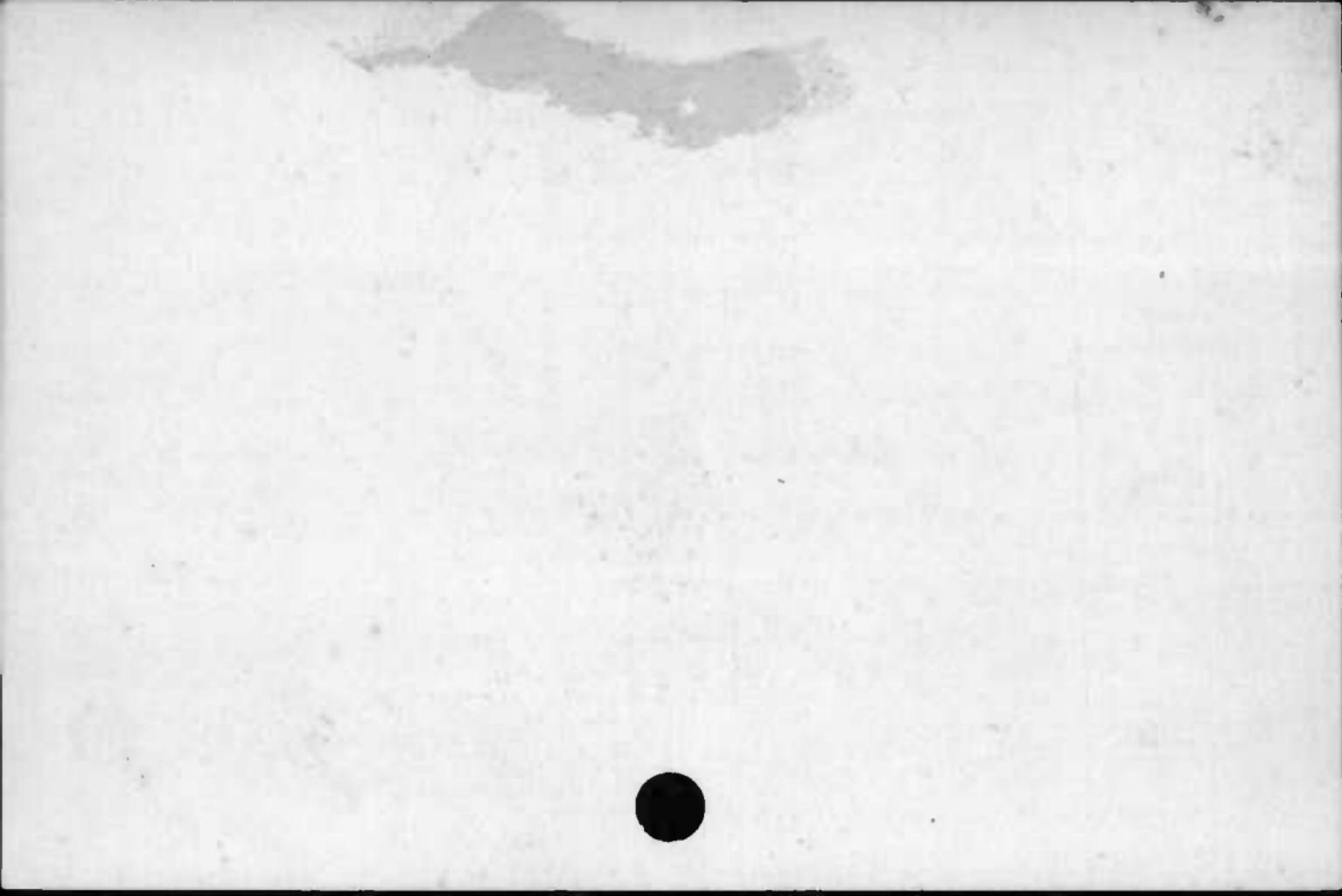
yes

Signature of Physician

Address

John S. Cipolatto
Snow Hill
Md

Accident or Suicide?



Name
in
Full

Samuel P Rowley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Stockton Town Worcester County
Date of death 1906 Month 7 Day 5 Age 18 Years
Sex Male Color or Race Black Birth-place
Occupation
Where Residing if not at place of death

Single
 Mr. Widowed
Name of Wife or Husband
Father's Name Joseph H. Rowley Father's Birthplace Wor
Mother's Maiden Name Laura R. Mann Mother's Birthplace Wor
Name of person giving information Joseph H. Rowley How related to deceased Father

CAUSES OF DEATH

Primary Typhoid fever How long 3 weeks
Immediate Exhaustion How long 4 days
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician J. D. Dickerson
Address Stockton Wor
Worcester Co.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Difey Lang

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	59	5	
Occupation	Where Residing If not at place of death	Birth-place	Maryland		
Married, Single or Widowed	Name of Wife or Husband	Isabella L. H. Lang,	Father's Birthplace	Md.	
Father's Name	John Difey Lang	Mother's Birthplace	Md.		
Mother's Maiden Name	Sarah Caulk	How related to deceased	Daughter		
Name of person giving Information	Florence H. Lang				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Socomotor Ataxia

(62)

How long

4 yrs

Immediate

Uremia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. M. Wilson, M.D.
Pocomoke City

Accident or Suicide?

Yes
No



Name
in
Full

Sanna Elizabeth Sambuson

CERTIFICATE OF DEATH

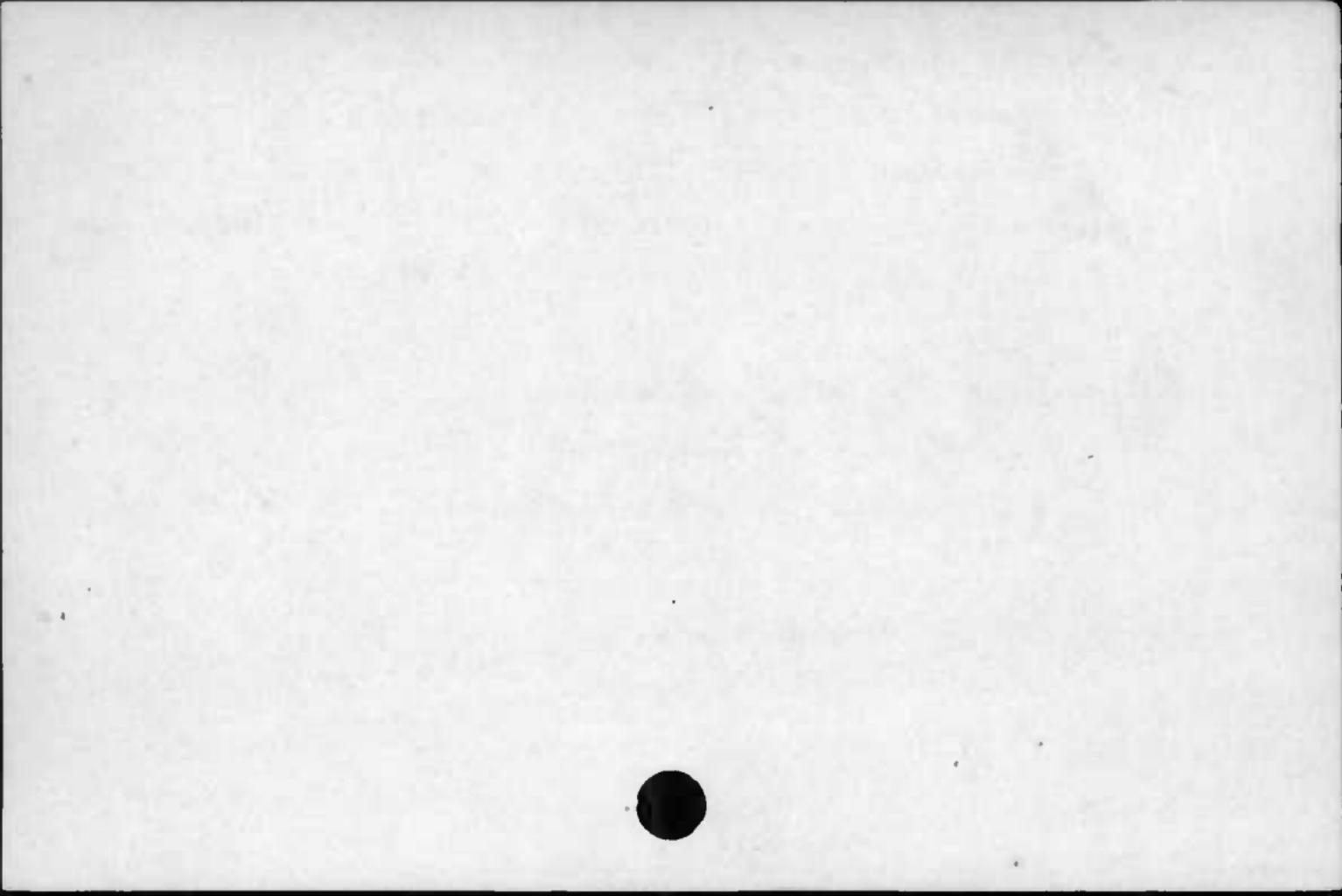
To BE ANSWERED BY
NEAREST FRIEND

Died at	Pocomoke City	Town	County	MARYLAND		
Date of death	1906	Month	Day	Years	Months	Days
Sex	female	Color or Race	white	Birth-place	Maryland	
Occupation	Where Residing if not at place of death			-		
Married, Single or Widowed	Name of Wife or Husband			-		
Father's Name	Henry H. Sambuson			Father's Birthplace	Md.	
Mother's Maiden Name	Cordelia Hancock			Mother's Birthplace	Md.	
Name of person giving Information	Henry H. Sambuson			How related to deceased	Father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera infantum	105	How long	1/2 mth
Immediate	Sudden Collapse	105	How long	5 hours.
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	J. M. Wilson, M. D.	
		Address	Pocomoke City.	
Accident or Suicide?	1			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Snow Hill</u>		Town	County <u>Worcester</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>July</u>	Day <u>3</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Md</u>					
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>Md</u>					
Father's Name <u>W. D. Shepherd</u>	Mother's Maiden Name <u>Mary. George</u>	Mother's Birthplace <u>Md.</u>					
Name of person giving information <u>W. D. Shepherd</u>	How related to deceased <u>Father</u>						
CAUSES OF DEATH							
Primary <u>Still Born</u>						How long <u>—</u>	<input checked="" type="checkbox"/>
Immediate <u>Hydrocephalous</u>						How long <u>—</u>	<input checked="" type="checkbox"/>

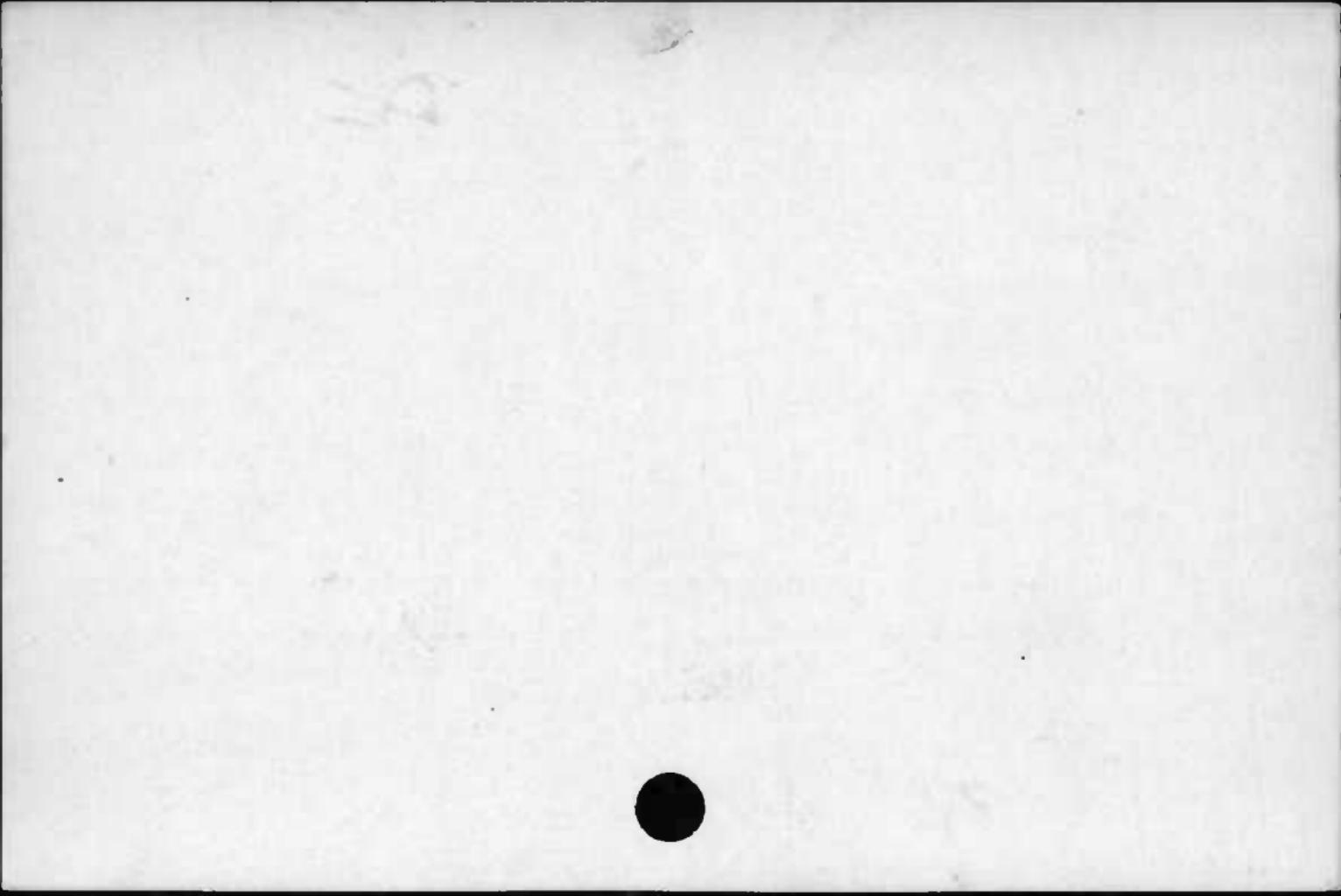
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. D. Strong Jr.
Snow Hill, Md.

Accident or Suicide?



Name
in
Full

Pringer Howell

col

County

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at Burnfalls

Town

Date

of death

1906

Month

July

Day

16

Years

80

Months

Days

Sex

Female

Color or
Race

Collard

Birth-
place

Maryland

Occupation

by Horner

Where Residing if not
at place of death

at my home

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Deed

Father's
Name

Don't know

Father's
Birthplace

Maryland

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Maryland

Name of person giving
Information

Peyarter Watson

How related
to deceased

None

CAUSES OF DEATH

Primary

Stomphage

64

How long

3 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

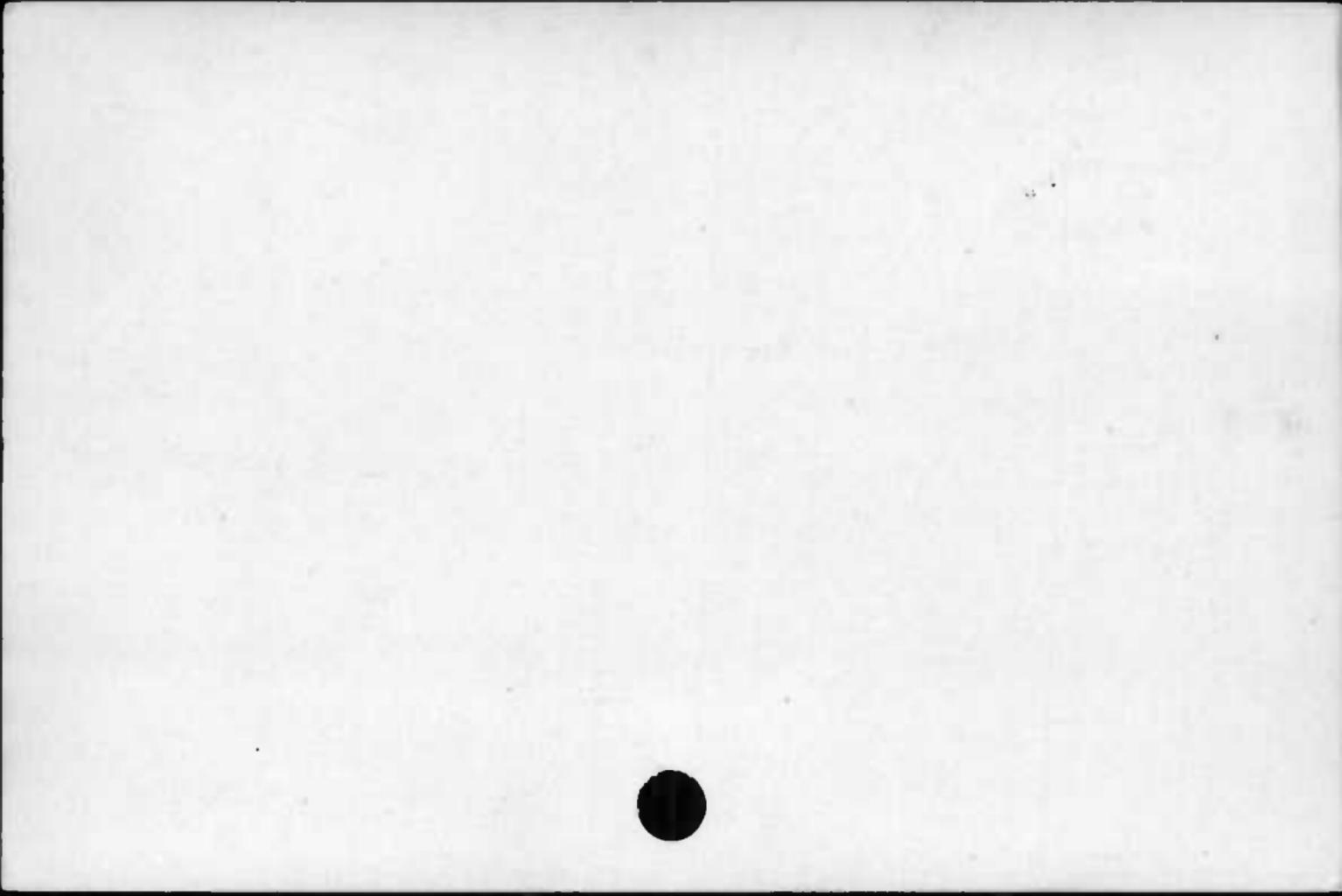
Signature of
Physician

Address

Dr. S. Collins
Bishop piece Esq

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Mary S. Zapman

CERTIFICATE OF DEATH

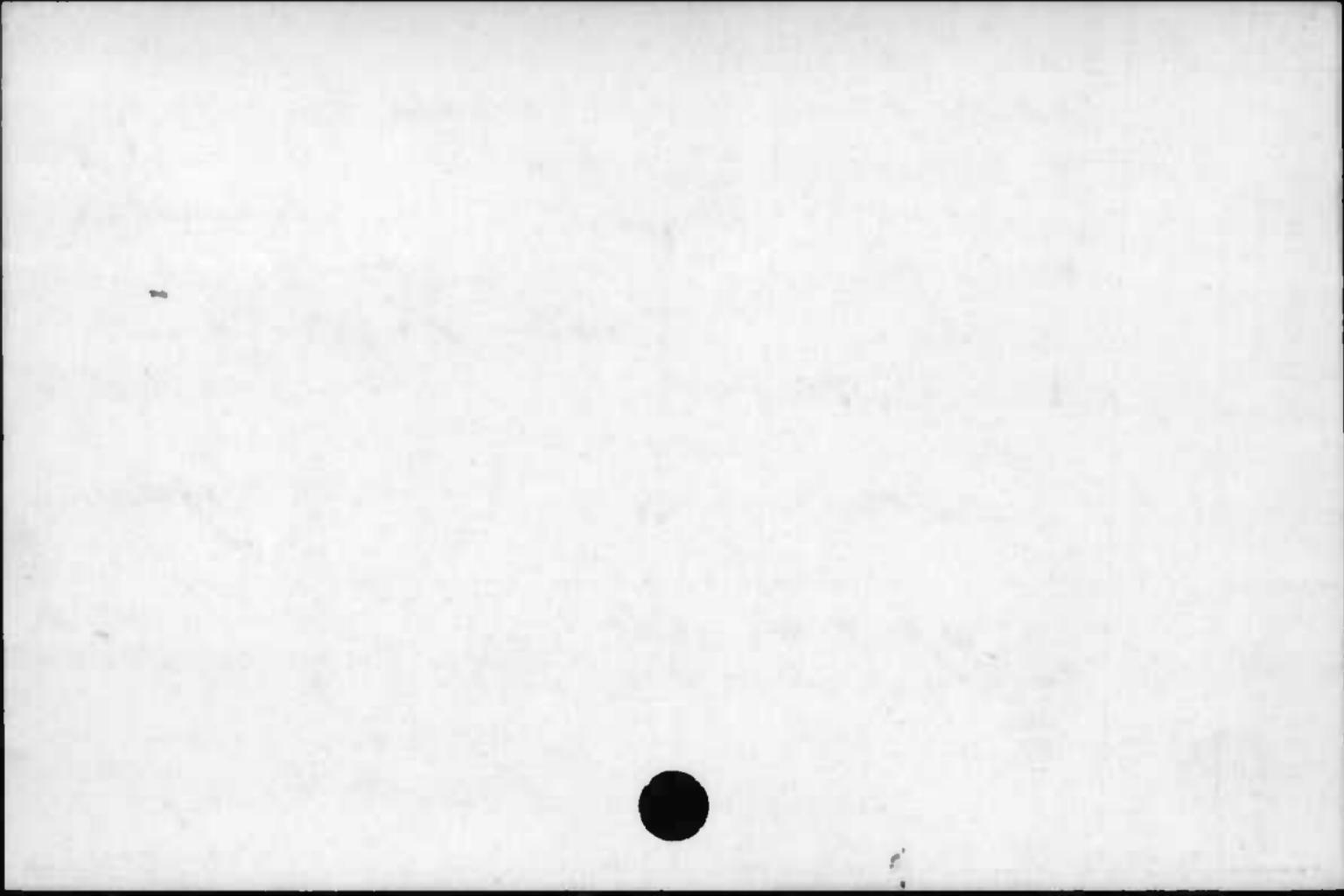
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death		Month	Day	Years	Months	Days
Sex	Name		Color or Race	Birth-place		
Occupation	Domestic		Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Father's Birthplace		
Father's Name	David Bonnevree		Sonoma Co			
Mother's Maiden Name	Dont Know		Mother's Birthplace			—
Name of person giving information	Thos Lewis		How related to deceased			Sephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Legripp & Heart		How long	One month
Immediate	Colleguator diarrhea		How long	Two weeks
Are the name, age, sex, color, race and place correctly given above?		Yes	Signature of Physician	Sam S. Lazarus
			Address	Sonoma Co, Calif
Accident or Suicide?				



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Potts Creek.

Worcester

Date
of death

Month

Day

Years

Months

Days

1906

July

31st.

Age

20

4

Sex

Female.

Color or
Race

Negro.

Birth-
place

Potts Creek.

Occupation

Domestic.

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

George Teagle

Father's
Birthplace

Potts Creek

Father's
Name

William Teale

Mother's
Birthplace

" "

Mother's
Maiden Name

Francis Merrill.

How related
to deceased

" "

Name of person giving
Information

George Teagle.

CAUSES OF DEATH

(38)

Primary

Pregnancy & weak kidneys.

How long

Immediate

Hydrocephalus. Poison in blood.

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

J. S. 2 miles

Rehoboth

Maryland

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Infant child of Will Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Place	Month	Day	Years	Months	Days	
Town Newark	July	17	—	—	21	
Date of death 1906	Age					
Sex Female	Color or Race white	Birth- place Maryland				
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Will Townsend				
Father's Name	Josiah Townsend					Father's Birthplace Maryland
Mother's Maiden Name	Lona Bradford					Mother's Birthplace Maryland
Name of person giving Information	A P Borden					Now related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sphylinical Lumore		How long
Immediate	Inhalation & strangulation		6 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Time
		Address	Corioliss Berlin Me
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

George M. Truee

County

MARYLAND

Died at Stockton

Town

Date of death 1906 Month 7 Day 7

Years

Age

7

Months

9

Days

9

Color or
Race

white

Birth-
place

Sex Male

Occupation

Where Residing if not
at place of death

Single
or Widowed

Name of Wife or
Husband

Father's Name Wm E. Truee

Father's Birthplace

me

Mother's Maiden Name Elvira Ward

Mother's Birthplace

me

Name of person giving
Information Wm E. Truee

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastro-Enteritis

105

How long

3 weeks

Immediate

Choleromyo-
gasteritis

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

D. Dickerson

Address

Stockton, N.Y.
Westerly Co.

Accident or Suicide?

11

2



Name

In
Full

David H. Neff.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 7	Day 2	Years 84	Months	Days
Sex	Male	Color or Race	White		Birth-place	Md.
Occupation	FARMER		Where Residing if not at place of death		✓	
Married, Single or Widowed	Single		Name of Wife & Husband	Eva H. Neff		
Father's Name	John Neff		Father's Birthplace		Don't Know	
Mother's Maiden Name	Don't Know		Mother's Birthplace		Don't Know	
Name of person giving Information	Sidney H. Neff		How related to deceased		Grandson	

CAUSES OF DEATH

Primary

154

How long

✓

Immediate

How long

✓

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

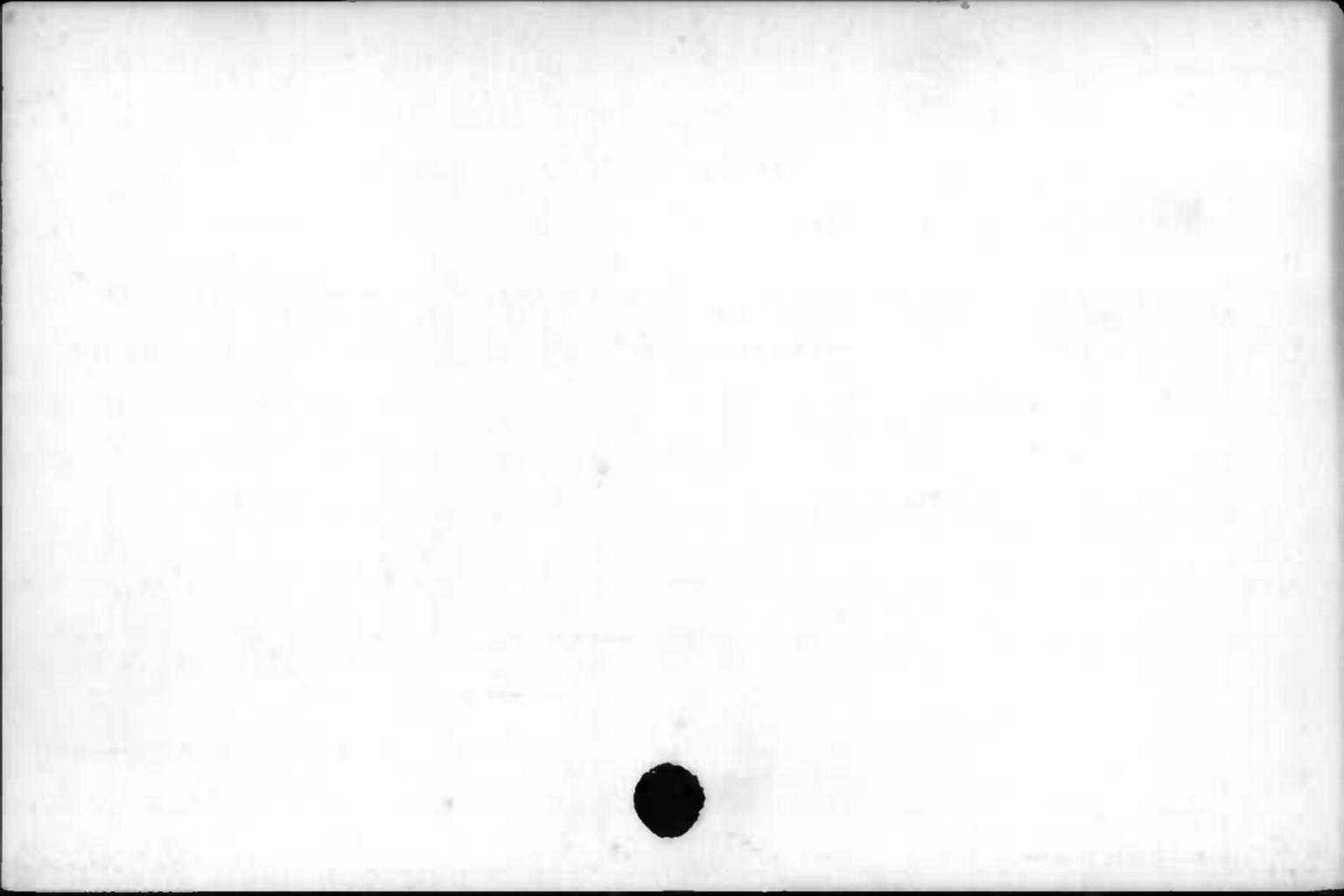
W.D. Strangton M.D.

Address

Snow Hill, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Clarence Williams				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1906	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John E Williams					
Mother's Maiden Name	Rafe					
Name of person giving information	James Hall					

CAUSES OF DEATH

Primary

Dranked

How long

few weeks

Immediate

Meuugiles

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

105

Be followed
Berlin,

